UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: TIFFANY N HENDERSON WILLIAMS	Case No. 15-27192
Debtor(s)	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 08/10/2015.
- 2) The plan was confirmed on 10/06/2015.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on NA .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was dismissed on 06/06/2017.
 - 6) Number of months from filing to last payment: 16.
 - 7) Number of months case was pending: <u>23</u>.
 - 8) Total value of assets abandoned by court order: <u>NA</u>.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$4,273.59 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$4,273.59

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$2,055.44
Court Costs \$0.00
Trustee Expenses & Compensation \$181.20
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$2,236.64

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
74TH STREET DEPOT FEDERAL C U	Secured	13,000.00	4,314.22	3,569.00	1,886.67	96.14
74TH STREET DEPOT FEDERAL C U	Unsecured	9,431.00	0.00	745.22	0.00	0.00
ACL LABORATORIES	Unsecured	65.00	67.52	67.52	0.00	0.00
ADVANCED MEDICAL IMAGING	Unsecured	12.00	NA	NA	0.00	0.00
ADVOCATE MEDICAL GROUP	Unsecured	355.00	NA	NA	0.00	0.00
ATG CREDIT	Unsecured	121.00	NA	NA	0.00	0.00
CAPITAL ONE BANK USA	Unsecured	312.00	NA	NA	0.00	0.00
CHICAGO HEARTH AND VASCULAR	Unsecured	15.00	NA	NA	0.00	0.00
CHICAGO HEIGHTS FIRE DEPT	Unsecured	609.00	NA	NA	0.00	0.00
CHICAGO PATROLMENS FEDERAL C	Unsecured	1,535.00	NA	NA	0.00	0.00
CHICAGO PATROLMENS FEDERAL C	Secured	1,589.00	NA	54.00	54.00	0.14
CHICAGO PATROLMENS FEDERAL C	Secured	482.00	NA	NA	0.00	0.00
CHICAGO WOMENS HEALTH CARE	Unsecured	95.00	NA	NA	0.00	0.00
CITY OF CALUMET CITY	Unsecured	NA	4,420.00	4,420.00	0.00	0.00
CITY OF CHICAGO MUNICIPAL	Unsecured	NA	3,000.00	3,000.00	0.00	0.00
CITY OF CHICAGO MUNICIPAL	Unsecured	NA	945.32	945.32	0.00	0.00
CITY OF CHICAGO PARKING BUREA	Unsecured	200.00	NA	NA	0.00	0.00
COMCAST	Unsecured	233.00	NA	NA	0.00	0.00
COMENITY BANK	Unsecured	0.00	NA	NA	0.00	0.00
CREDIT CONTROL LLC	Unsecured	305.00	NA	NA	0.00	0.00
FIRST PREMIER BANK	Unsecured	983.00	NA	NA	0.00	0.00
HARRIS & HARRIS	Unsecured	3,723.00	NA	NA	0.00	0.00
IL DEPT OF EMPLOYMENT SECURITY	Unsecured	600.00	NA	NA	0.00	0.00
INGALLS MEMORIAL HOSPITAL	Unsecured	100.00	238.50	238.50	0.00	0.00
MEDICREDIT	Unsecured	100.00	NA	NA	0.00	0.00
MERCY HOSPITAL & MEDICAL CENT	Unsecured	100.00	NA	NA	0.00	0.00
MIDNIGHT VELVET	Unsecured	235.00	NA	NA	0.00	0.00
MIRAMED REVENUE GROUP	Unsecured	100.00	NA	NA	0.00	0.00
NATIONWIDE CREDIT & COLLECTIO	Unsecured	65.00	NA	NA	0.00	0.00
NORTHWEST COLLECTORS	Unsecured	145.00	NA	NA	0.00	0.00
PATHOLOGY CONSULTANTS OF CHI	Unsecured	50.00	NA	NA	0.00	0.00

Scheduled Creditors:						
Creditor		Claim	Claim	Claim	Principal	Int.
Name	Class	Scheduled	Asserted	Allowed	Paid	Paid
PATHOLOGY CONSULTANTS OF CHI	Unsecured	52.00	NA	NA	0.00	0.00
PAYDAY LOAN STORE	Unsecured	619.00	400.27	400.27	0.00	0.00
PAYDAY LOAN STORE	Unsecured	NA	619.00	619.00	0.00	0.00
PAYDAY LOAN STORE	Unsecured	NA	956.46	956.46	0.00	0.00
PAYDAY LOAN STORE	Unsecured	NA	1,179.00	1,179.00	0.00	0.00
PORANIA LLC	Unsecured	NA	700.00	700.00	0.00	0.00
PRA RECEIVABLES MGMT	Unsecured	358.00	NA	NA	0.00	0.00
PRA RECEIVABLES MGMT	Unsecured	448.00	438.15	438.15	0.00	0.00
QUANTUM3 GROUP LLC	Unsecured	499.00	499.03	499.03	0.00	0.00
QUANTUM3 GROUP LLC	Unsecured	305.00	305.77	305.77	0.00	0.00
QUANTUM3 GROUP LLC	Unsecured	529.00	529.63	529.63	0.00	0.00
RADIOLOGICAL PHYSICIANS	Unsecured	52.00	NA	NA	0.00	0.00
SADINO FUNDING LLC	Unsecured	NA	647.00	647.00	0.00	0.00
SADINO FUNDING LLC	Unsecured	NA	319.08	319.08	0.00	0.00
SPRINT NEXTEL	Unsecured	1,486.00	1,486.05	1,486.05	0.00	0.00
ST JAMES HEALTH CENTER	Unsecured	3,723.00	NA	NA	0.00	0.00
STATE COLLECTION SERVICE	Unsecured	65.00	NA	NA	0.00	0.00
SULLIVAN URGENT AID CENTERS	Unsecured	43.00	NA	NA	0.00	0.00
SULLIVAN URGENT AID CENTERS	Unsecured	44.00	NA	NA	0.00	0.00
VILLAGE OF BEDFORD PARK	Unsecured	200.00	NA	NA	0.00	0.00
VILLAGE OF OLYMPIA FIELDS	Unsecured	300.00	270.00	270.00	0.00	0.00
VILLAGE OF SOUTH HOLLAND	Unsecured	1,000.00	NA	NA	0.00	0.00

Claim	Principal	Interest
<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$3,623.00	\$1,940.67	\$96.28
\$3,623.00	\$1,940.67	\$96.28
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$17,766.00	\$0.00	\$0.00
	\$0.00 \$0.00 \$0.00 \$3,623.00 \$3,623.00 \$0.00 \$0.00 \$0.00 \$0.00	Allowed Paid \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$3,623.00 \$1,940.67 \$3,623.00 \$1,940.67 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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Disbursements:		
Expenses of Administration Disbursements to Creditors	\$2,236.64 \$2,036.95	
TOTAL DISBURSEMENTS :		<u>\$4,273.59</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 07/10/2017 By: /s/ Tom Vaughn
Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.